## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

NSTROCTIONS: The forappropriate All Marie con ndicated unless corrected naintenance fee notification	fm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	TE FEE and ders and notion of the specifying	PUBLICA ification of a new con	ATION FEE (if request maintenance fees respondence address	nired). Blocks will be mailed s; and/or (b) in	1 through 5 s to the current dicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
Mark A. Krull P. O. Box 7198 Bend, OR 97708	08/14/2006 MBIZUNE2 01 FC:2501 02 FC:8001	00000018 10718763 700.00 OP 6.00 OP			hereby certify that the tates Postal Service ddressed to the Maransmitted to the USF	rtificate of Ma	iling or Trans	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.  (Depositor's name)	
					8/8/0		(Date)		
APPLICATION NO.	FILING DATE	1	FIRST NAME	D INVENT	R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/718,763	7,763 11/21/2003			Kenneth W. Stearns				1450	
	ORSO EXERCISE METHO			DV IF	V ICATION FEE	TOTAL E	EE/C) DI IE	DATE DUE	
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		LICATION FEE	TOTAL FEE(S) DUE \$700			
nonprovisional YES		\$700		GI 4	\$0	³י ר	00	08/25/2006	
EXAM AMERSON I	ART UNIT  3764		<u> </u>	482-140000	J				
AMERSON, LORI BAKER 37  Change of correspondence address or indication of "Fee Address" (37)				r printing on the patent front page, list					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below no assignee.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for						
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):									
a. The following fee(s) are enclosed:  4b.  Issue Fee  Publication Fee (No small entity discount permitted)				Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  A The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50145 (enclose an extra copy of this form).					
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			onger claiming SMA				
NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issu Publication Fee (if required) vords of the United States Pate	vill not be accepted ent and Trademark	I from anyone Office.	e other tha	n the applicant; a reg	istered attorney	y or agent; or the	he assignee or other party in	
Authorized Signature	Date 8/8/06								
Typed or printed name Mark A Krull				Registration No. 34,205					
his collection of information application. Confidential ubmitting the completed applications form and/or suggestions to 1450. Alexandria Vica	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT or reducing this burden, ship in a 22313-1450. DO NOT	11. The information 122 and 37 CFR 1 0. Time will vary hould be sent to the	n is required 1.14. This col depending up Chief Intorn	to obtain of the control of the cont	or retain a benefit by estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES	the public whice minutes to consomments on the Trademark Of S. SEND TO:	ch is to file (and applete, includire amount of the fice, U.S. Dep Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.	

Tan Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.